Appendix C: Algorithms

Algorithm C-1: Enhanced Screening Algorithm

- PCC Depression Screening
  - Pos: CPRS Alert to Team
  - Neg: Annual Screening
  - Annual Screening
  - Annual Screening

- CPRS Alert to Team
  - Enhanced Screening Via Telephone
  - Unable To Contact

- Enhanced Screening Via Telephone
  - Telephone Introduction
  - Continue With Assessments?
    - Yes: Follow Order of Database with Contingency Plans for Certain Responses
      - Protocols
        - + SI/HI Acute mania/psychosis Acute intoxication Severe cognitive impairment
          - PN in CPRS stating pt refusal
          - PCC Follow-Up
        - Screening Result
          - No Depression: PCC F/U
          - Minor Depression: Wait & Rescreen
          - MDD and/or Anxiety: Enter Depression Management Algorithm
            - or: PCC F/U
          - MDD - Complex
            - In Psych?
              - Yes: Continue Psych F/U; Notify provider of results (cosignature)
              - No: Initiate Psych or Med-Psych Consult
Algorithm C-2: Screening Database Flow

**BHL Database Form Flow**

1. **FRM PHONELOG**
   - **FRM DEMOGRAPHICS**
     - **FRM BLESSED**
       - Age $\geq 55$
     - **FRM MINI1_MANIA_I**
       - Possibly Manic?
       - **FRM MINI1_MANIA_II**
         - **FRM PHQ**
           - **FRM MINI1_PSYCHO**
             - **FRM TREATMENT**
               - **FRM ALTMEDS**
                 - **FRM SUICIDE_PAYKEL**
                   - **FRM ALC/CAGE**
                     - Possibly Alcohol Dependence?
                     - **FRM ALC DEPENDENCE**
                       - Alcohol Dependent?
                       - **FRM ALC ABUSE**
                         - **FRM DRUGS**
                           - **FRM MINI2_PANIC1**
                             - Possible Panic Disorder?
                             - Yes: **FRM MINI2_PANIC2**
                             - No: **FRM MINI2_GAD1**
                               - **FRM MINI2_PTS1**
                                 - **FRM BED DAYS**
                                   - **FRM SF-12**
                                     - **FRM SATISFACTION**
                                       - **FORM PRE SUMMARY**
                                         - **FRM SUMMARY REPORT**
Algorithm C-3: Suicide Protocol

BHC-PC Enhanced Screening

Acute Patient
- SI, HI, Mania, Psychosis

PN in CPRS

Available

Psychiatric Assessment

PN in CPRS

Not Available

Medicine-Psychiatry MD Evaluation

Follow VAMC Policy

Psychiatric Officer of the Day (POD)
VA pager 0301

Psychiatric Assessment Not Available

Follow VAMC Policy
Suicidal Calls

1. The purpose of this bulletin is to inform all employees of the proper procedure to follow if a telephone call is received from someone who is threatening to commit suicide or is expressing suicidal thoughts.

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Remain calm.</td>
<td>The person calling is already in a state of distress. Remaining calm and reassuring could decrease the person’s anxiety.</td>
</tr>
<tr>
<td>2. Obtain as much pertinent information as possible from the caller, but do so quickly. For example, request their name, social security number, location, telephone number, etc.</td>
<td>If the caller hangs up prior to the Psychiatry Officer of the Day (POD) responding to the call, this information can be used to locate and assist the individual.</td>
</tr>
<tr>
<td>3. Route the call immediately to the POD, VA pager 0301. <em>(The POD is available 24 hours a day, 7 days a week to deal with Psychiatric emergencies.)</em></td>
<td>Routing the call through another person such as a triage nurse or a clinic clerk will delay connecting the individual with the person best able to provide timely intervention (the POD). The caller may become frustrated by having his/her call transferred multiple times, and may hang up before being connected to the &quot;right&quot; person (the POD).</td>
</tr>
</tbody>
</table>

2. Questions may be directed to Mr. Curtis Long, Psychiatry Clinical Manager, at extension 5419 or pager 0679.
3. This bulletin is automatically rescinded March 14, 2005.

GARY L. WILKINSON
Medical Center Director
Distribution: E
Algorithm C-4: Depression Management Algorithm

Positive Screen Provider Referral

Pt with established MDD Dx, not in Psych Clinic, Provider Referral

Depression Management Program

Initial Visit
- Diagnostic Evaluation
- History
- Patient Education
- Treatment Options

Exclusion
- SI, HI, Psychosis, Bipolar DO, PTSD, Substance Abuse, Dementia

Inclusion

PN in CPRS

Pharmacotherapy
PharmD

Treatment

Problem-Solving Therapy
Nurse Clinician

Assess Treatment Response
- weekly to biweekly (acute phase)

PN in CPRS

Insufficient Response/Relapse
- MPMD consult
- follow stepped care

PN in CPRS

Complete Response

Maintenance
- relapse prevention plan
- monthly follow-up
- PST group

PN in CPRS

Continuation
- relapse prevention plan
- q3-4 month follow-up

PN in CPRS
Algorithm C-5: Stepped Care Treatment Algorithm - Depression

**Step 1** (8-10 weeks)

1. Check TSH (if not done within 6 months)
2. Start first line antidepressant (AD) or Problem Solving Treatment (PST-PC)

Antidepressant (AD) OR PST-PC

(usually an SSRI - titrated to therapeutic dose)

(if patient strongly prefers psychotherapy)

Evaluate response to step 1 treatment.
*Patients with full response go to maintenance treatment. Others go to step 2.*

**Step 2** (4-8 weeks)

- Partial response to step 1
  - Different AD type
  - PST-PC or
  - Augment AD

- No response
  - Add 1st line AD or
  - Different AD type

Evaluate response to step 2 treatment. *Patients with full response go to maintenance treatment. Others are considered for step 3.*

**Step 3**

Consider
- Trial of a 2nd or 3rd type of antidepressant
- Combination of antidepressant and PST-PC (if not already tried in step 2)
- Other augmentation of antidepressants (if patient has had a partial response to an antidepressant in step 2)
- Referral to specialty mental health care for
  - ECT (especially if depression is severe or if patient has psychotic symptoms, poor po intake, or high risk of suicide)
- Treatment of comorbid psychiatric disorders (for example OCD, Panic disorder, PTSD)
- Other types of psychotherapy not available in primary care such as CBT, IPT, or family therapy.

*Additional Treatments to be considered during the course of the program.*
Algorithm C-6: Critical Decision Points - Depression

**Critical Decision Points (CDPs) for Major Depressive Disorder**
Tactics for the Treatment of Major Depression (Nonpsychotic)

<table>
<thead>
<tr>
<th>Decision Point #1</th>
<th>Decision Point #2</th>
<th>Decision Point #3</th>
<th>Decision Point #4</th>
<th>Decision Point #5</th>
<th>Decision Point #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 0</td>
<td>Week 4</td>
<td>Week 3</td>
<td>Week 3</td>
<td>Week 10</td>
<td>Week 12</td>
</tr>
</tbody>
</table>

- **0% Improvement**
  - Increase Dose or Go to Next Stage
  - Augment or Go to Next Stage
  - Increase Aug or Go to Next Stage
  - Go to Next Stage

- **25% Improvement**
  - Continue or Increase Dose
  - Increase Dose or Go to Next Stage
  - Augment or Go to Next Stage
  - Increase Aug or Go to Next Stage
  - Go to Next Stage

- **50% Improvement**
  - Continue or Increase Dose
  - Increase Dose or Go to Next Stage
  - Augment or Go to Next Stage
  - Increase Aug or Go to Next Stage
  - Go to Next Stage

- **75% Improvement**
  - Continue or Increase Dose
  - Increase Dose or Go to Next Stage
  - Augment or Go to Next Stage
  - Increase Aug or Go to Next Stage
  - Go to Next Stage

- **100% Improvement**
  - Continue or Go to Continuation Phase if >75% improvement is achieved, at 3 weeks.
Algorithm C-7: Stepped Care Treatment Algorithm – Anxiety

**Step 1** (8-10 weeks)

1. Check TSH (if not done within 6 months); other labs as indicated to rule out medical causes
2. Start first line Anti-anxiety Medication (AM) or psychotherapy

<table>
<thead>
<tr>
<th>Anti-anxiety Medication OR</th>
<th>Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(usually SSRI or SNRI titrated to therapeutic dose)</td>
<td>(if patient strongly prefers psychotherapy)</td>
</tr>
</tbody>
</table>

**Evaluate response to step 1 treatment. Patients with partial or full response go to continuation treatment. Others go to step 2.**

**Step 2** (8-10 weeks)

- Minimal or Partial response to step 1
  - Different AM OR
  - Augment AM OR
  - Add Psychotherapy
- No response

- Minimal or Partial response to step 1
  - Different AM OR
  - Add 1<sup>st</sup> line AM
- No response

**Evaluate response to step 2 treatment. Patients with partial or full response go to continuation treatment. Others are considered for step 3.**

**Step 3**

Consider
- Trial of a 2<sup>nd</sup> or 3<sup>rd</sup> type of Anti-anxiety Medication
- Combination of AM and psychotherapy (if not already tried in step 2)
- Other augmentation of anxiolytics (if patient has had a partial response to an AM in step 2)
- Referral to specialty mental health care

**Additional Treatments to be considered during the course of the program.**